



State of Wisconsin
2023 - 2024 LEGISLATURE

LRB-1150/P1
JPC:cjs

DOA:.....Lessner, BB0180 - 340B Program Reimbursement

FOR 2023-2025 BUDGET -- NOT READY FOR INTRODUCTION

AN ACT ...; **relating to:** the budget.

Analysis by the Legislative Reference Bureau

INSURANCE

Reimbursement to federal drug pricing program participants

This bill prohibits any person from reimbursing certain entities that participate in the federal drug pricing program, known as the 340B program, for a drug subject to an agreement under the program at a rate lower than that paid for the same drug to pharmacies that have a similar prescription volume. The bill also prohibits a person from imposing any fee, charge back, or other adjustment on the basis of the entity's participation in the 340B program. The entities covered by the prohibitions under the bill are federally qualified health centers, critical access hospitals, and grantees under the federal Ryan White HIV/AIDS program, as well as these entities' pharmacies and any pharmacy with which any of the entities have contracted to dispense drugs through the 340B program. The bill allows the commissioner to promulgate rules to establish a minimum reimbursement rate for entities that participate in the 340B program.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 632.869 of the statutes is created to read:

632.869 Reimbursement to federal drug pricing program participants.

(1) In this section:

(a) “Covered entity” means an entity described in [42 USC 256b](#) (a) (4) (A), (D), (E), (J), or (N) that participates in the federal drug pricing program under [42 USC 256b](#), a pharmacy of the entity, or a pharmacy contracted with the entity to dispense drugs purchased through the federal drug pricing program under [42 USC 256b](#).

(b) “Pharmacy benefit manager” has the meaning given in s. 632.865 (1) (c).

(2) No person, including a pharmacy benefit manager and 3rd-party payer, may do any of the following:

(a) Reimburse a covered entity for a drug that is subject to an agreement under [42 USC 256b](#) at a rate lower than that paid for the same drug to pharmacies that are not covered entities and have a similar prescription volume to that of the covered entity.

(b) Assess a covered entity any fee, charge back, or other adjustment on the basis of the covered entity’s participation in the federal drug pricing program under [42 USC 256b](#).

(3) The commissioner may promulgate rules to implement this section and to establish a minimum reimbursement rate for covered entities and any other entity described under [42 USC 256b](#) (a) (4).

(END)